

Case	Age	Sex	Duration of disease	Site of lesion	Pathological findings	Response to treatment
1	45	M	10 years	Right parietal lobe	Large, well-circumscribed, solid, enhancing mass	Complete remission
2	52	F	5 years	Left frontal lobe	Large, well-circumscribed, solid, enhancing mass	Complete remission
3	68	M	15 years	Right parietal lobe	Large, well-circumscribed, solid, enhancing mass	Complete remission
4	72	F	10 years	Left frontal lobe	Large, well-circumscribed, solid, enhancing mass	Complete remission
5	75	M	12 years	Right parietal lobe	Large, well-circumscribed, solid, enhancing mass	Complete remission
6	78	F	8 years	Left frontal lobe	Large, well-circumscribed, solid, enhancing mass	Complete remission
7	80	M	10 years	Right parietal lobe	Large, well-circumscribed, solid, enhancing mass	Complete remission
8	82	F	12 years	Left frontal lobe	Large, well-circumscribed, solid, enhancing mass	Complete remission
9	85	M	15 years	Right parietal lobe	Large, well-circumscribed, solid, enhancing mass	Complete remission
10	88	F	18 years	Left frontal lobe	Large, well-circumscribed, solid, enhancing mass	Complete remission

— This application is based on, and claims the benefit of,  
U.S. Provisional Application No. 60/\_\_\_\_\_, filed \_\_\_\_\_  
, and entitled \_\_\_\_\_, and which is incorporated  
herein by reference.

Inventors: Steward et al.  
Docket No.: P-AR 4802  
Page 2

— This application is based on, and claims the benefit of,  
U.S. Provisional Application No. 60/\_\_\_\_\_ (yet to be  
assigned), filed \_\_\_\_\_, which was converted from U.S.  
Serial No. \_\_\_\_\_, and entitled \_\_\_\_\_,  
and which is incorporated herein by reference.

The filing fee has been calculated as shown below:

	Number Filed		Number Extra		Rate			Fee	
					Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	166-20	=	146	x	\$9	\$18	=	\$	\$
Indepen- dent Claims	10 - 3	=	7	x	\$40	\$80	=	\$	\$
Multiple Dependent Claims Presented: <u>X</u> Yes ___ No					\$135	\$270		\$	\$
					BASIC FEE			\$355	\$710
					TOTAL FEE			\$	\$

- A check in the amount of \$ \_\_\_\_\_ to cover the filing fee  
is enclosed.
- X The payment of the filing fee is to be deferred until the  
Declaration is filed. Do not charge our deposit account.
- The Commissioner is hereby authorized to charge fees under  
37 CFR 1.16 and 1.17 which may be required or credit any  
overpayment to Deposit Account No. \_\_\_\_\_. A duplicate  
copy of this sheet is enclosed.

Address all future communications to:

Cathryn Campbell  
CAMPBELL & FLORES LLP  
4370 La Jolla Village Drive, 7<sup>th</sup> Floor  
San Diego, California 92122  
telephone: (858) 535-9001  
facsimile: (858) 535-8949  
**USPTO CUSTOMER NO. 23601**

Respectfully submitted,

Date: August 28, 2001

Andrea L. Gashler  
Andrea L. Gashler  
Registration No. 41,029  
CAMPBELL & FLORES LLP  
4370 La Jolla Village Dr., 7<sup>th</sup> Fl.  
San Diego, California 92122

Document: PATENT APPLICATION  
BIBLIOGRAPHIC DATA SHEET  
Attorney Docket No: P-AR 4802

**CERTIFICATE OF MAILING BY "EXPRESS MAIL"**

"EXPRESS MAIL" MAILING LABEL NUMBER: EL 857042217 US

DATE OF DEPOSIT: August 28, 2001

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231.

*Andrea H. Gashler*

Printed Name of Person Mailing Paper or Fee

*Andrea H. Gashler*

Signature of Person Mailing Paper or Fee

EL 857042217 US